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## \*BIBDATASHEET\*

CONFIRMATION NO. 3811

Bib Data Sheet

<b>SERIAL NUMBER</b> 09/977,878	<b>FILING OR 371(c) DATE</b> 10/15/2001 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1643	<b>ATTORNEY DOCKET NO.</b> CMZ-130	
<b>APPLICANTS</b> Marsha A. Moses, Brookline, MA; Li Yan, Wellesley, MA;					
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/240,489 10/13/2000					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 11/19/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 80	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> Goodwin Procter LLP 53 State Street Exchange Place Boston, MA02109					
<b>TITLE</b> NON-INVASIVE ENZYME SCREEN FOR TISSUE REMODELLING-ASSOCIATED CONDITIONS					
<b>FILING FEE RECEIVED</b> 1568	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		